

Form CPF M 102: Campaign Finance Reported Municipal Form GRAFTON, MA Municipal Form GRAFTON, MA. Office of Campaign and Political Financial 29 Fin 2 CO

File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 12/31/2016
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (if applicable) Committee Name Committee Name
Rose of Section - Construct MA Today Processory Name of Committee Treasurer
Residential Address Residential Address Residential Address Residential Address
Telephone Number (optional): 508 839-1996 Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 222, 43
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: UPBANK - LONGROUNGE MA
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Ware Mayett (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign financiativity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury: (Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

		C	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	2		
P.			
Line 9: Total Recei	Line 9: Total Receipts over \$50 (or listed above)		
Line 10: Total Rece	Line 10: Total Receipts \$50 and under* (not listed above)		Si.
Line 11: TOTAL F	Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line 9.		Enter on page 1, line 2 Line 10 should include only those receipts not itemized above

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	SCHEPOLE A. N	Territa (co	ntmued)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	9: Total Receipts over \$50 (or listed above)		
Line 10: Total Recei	Line 10: Total Receipts \$50 and under* (not listed above)	17	
Line 11: TOTAL R	Line 11: TOTAL RECEIPTS IN THE PERIOD	17.	← Enter on page 1, line 2
* It tions bound it amiliand	TOO OF SALL STATE OF SALL STATE OF SALL STATE OF SALL STATE OF SALL SALL SALL SALL SALL SALL SALL SAL		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

report all expenditures. Please include your committee name and a page number on each page.) (A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

M.			T	T	 T	1	γ	 				
										9/3/16	9/a/14	Date Paid
Enter on page 1, line 4 →										UNBANK	JAMOS M. GOVERN	To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIO	Line 13: Total Expenditures \$50 and under* (not listed above)	Line 12: Total Expenditures over \$50 (or listed above)								my sumsulte	P.O. BOX 60YOS	Address
D	and under* (not listed above)									SENTE FEES	CAMPACH	Purpose of Expenditure
222,60		222,60					1,			1000.60	100	Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

										Date Paid
Enter on page 1, line 4 →							23		22	To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIO	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)								Address
DITURES IN THE PERIOD	i under* (not listed above)	(or listed above)	3.						10	Purpose of Expenditure
					82					Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

* 17									Date Received
Enter on page 1, line 6 →			87						From Whom Received*
Line 17: TOTAL IN-KIND CONTRIBUTIONS	Line 16: In-Kind Contributions \$50 & under (not listed above)	Line 15: In-Kind Contributions over \$50 (or listed above)							Residential Address
ONTRIBUTIONS	\$50 & under (not listed above)	over \$50 (or listed above)							Description of Contribution
									Value

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c, 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period,

								Date Incurred	
Enter on page 1, line $7 \rightarrow$		+						To Whom Due	0
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)								Address	70000
DING LIABILITIES (ALL)								Purpose	
		2"						Amount	